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Bib Data Sheet

CONFIRMATION NO. 1784

SERIAL NUMBER 09/892,049	FILING DATE 06/26/2001 RULE	CLASS 070 340	GROUP ART UNIT 3627 2635	ATTORNEY DOCKET NO. 8607	
APPLICANTS Joseph Raymond Diehl, Hamilton, OH; Don Randell Greer, Hamilton, CA; Hyundai Hong, West Chester, OH; Donald Carroll Roe, West Chester, OH;					
** CONTINUING DATA ***** <i>None Y.D</i>					
** FOREIGN APPLICATIONS ***** <i>None Y.D</i>					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 10/08/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>Y.D</i> Verified and Acknowledged <u> </u> Examiner's Signature <u> </u> Initials		STATE OR COUNTRY OH	SHEETS DRAWING 7	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
ADDRESS Joan B. Tucker The Procter & Gamble Company Sharon Woods Technical Center 11450 Grooms Road Cincinnati, OH 45242					
TITLE Portable locking systems					
FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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CONFIRMATION NO. 1784

SERIAL NUMBER 09/892,049	FILING DATE 06/26/2001 RULE	CLASS 070 340	GROUP ART UNIT 2635 2157	ATTORNEY DOCKET NO. 8607
APPLICANTS Joseph Raymond Diehl, Hamilton, OH; Don Randell Greer, Hamilton, OH; Hyundai Hong, West Chester, OH; Donald Carroll Roe, West Chester, OH;				
** CONTINUING DATA ***** <i>None Y.D.</i>				
** FOREIGN APPLICATIONS ***** <i>None Y.D.</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 10/08/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>Y.D.</i>		STATE OR COUNTRY OH	SHEETS DRAWING 7	TOTAL CLAIMS 20
Verified and Acknowledged Examiner's Signature <i>Y.D.</i> Initials		INDEPENDENT CLAIMS 2		
ADDRESS 27752				
TITLE Portable locking systems				
FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	